



Defendant: Melissa Jo McMichael  
Case Number(s): CF-2006-86  
City/County: Woods County  
Surety: United States Fire Insurance Company  
Bondsman: Tiffany Charles  
Power Number(s): U15-20468021  
Bond Amount(s): \$15000

2. On February 13, 2014, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on March 11, 2014. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. Charles received a copy of the Order and Judgment of Forfeiture on March 29, 2014.

4. USFIC received a copy of the Order and Judgment of Forfeiture on March 14, 2014.

5. The ninetieth (90<sup>th</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Friday, June 27, 2014.

6. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Monday, June 30, 2014.

7. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

8. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

9. The bond was reported.

## CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332(D) by failing to remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety company does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.

## ORDER

**IT IS THEREFORE ORDERED** that Tiffany Charles and United States Fire Insurance Company are each **CENSURED** and **FINED** Two Hundred Fifty Dollars (\$250.00).

**IT IS FURTHER ORDERED** that the face amount of the bond forfeiture shall be deposited with the Woods County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of United States Fire Insurance Company’s license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of United States Fire Insurance Company.

Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall

conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents' actions alleged herein and any defenses thereto.**

**If Respondents do not request a hearing within the 30 days allotted, this Order shall become a FINAL ORDER on the 31<sup>st</sup> day following the receipt of the Order, and the fines ordered herein shall be due.**

WITNESS My Hand and Official Seal this 21<sup>st</sup> day of July, 2014.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

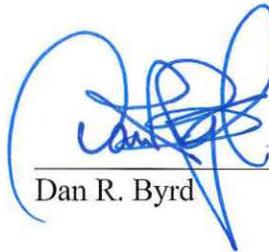
  
\_\_\_\_\_  
Dan R. Byrd  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
Tel. (405) 522-6330  
Fax (405) 522-0125

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 21<sup>st</sup> day of July, 2014, to:

Tiffany Charles  
P.O. Box 1456  
Norman, OK 73070-1456

United States Fire Insurance Company  
Attn: Dee Evans  
10350 Richmond Ave., Ste 300  
Houston, TX 77042-4348



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Dan R. Byrd

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 4248 1091

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



**Total Postage** United States Fire Ins Co

Sent To Attn: Dee Evans

Street, Apt. No or PO Box No. 10350 Richmond Ave., Suite 300

City, State, ZIP Houston, TX 77042-4348

sms/14-0708-DIS/Cond Ord

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Debra Samuel</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 7-23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>United States Fire Ins Co                      Attn: Dee Evans                      10350 Richmond Ave., Suite 300                      Houston, TX 77042-4348                      sms/14-0708-DIS/Cond Ord</p> </div>	<p>RECEIVED                      OKLAHOMA INSURANCE DEPARTMENT                      JUL 31 2014                      Legal Division</p>
<p>2. Article Number                      (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0004 4248 1091</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7001 0320 0004 4248 1084

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



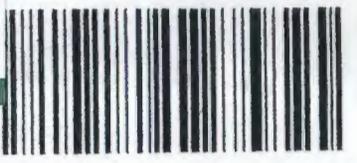
**Total Postage &**

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

**CERTIFIED MAIL**



7001 0320 0004 4248 1084

Tiffany Charles  
P.O. Box 1456  
Norman, OK 73070-1456  
sms/14-0708-DIS/Cond Ord

PS Form 3800, January 2001

Corporate Plaza  
3625 N.W. 56th St., Ste. #100  
Oklahoma City, OK 73112-4511

neopost<sup>®</sup> FIRST-CLASS MAIL  
07/21/2014  
**US POSTAGE \$007.19<sup>0</sup>**

ZIP 73112  
041L12203132

~~NOTICE~~ 7/24  
~~NOTICE~~ 8-1  
~~RETURNED~~ 8-8



Tiffany Charles  
P.O. Box 1456  
Norman, OK 73070-1456

RECEIVED  
OKLAHOMA INSURANCE DEPARTMENT

**AUG 12 2014**

Legal Division

NIXIE 731 DE 1700 0008/02/1

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 73112451125 \*0657-01395-21

036 73112@4511

7001 0320 0004 4248 1084

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



**Total Postage &**

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, January 2001

**Tiffany Charles**  
**P.O. Box 1456**  
**Norman, OK 73070-1456**  
**sms/14-0708-DIS/Cond Ord**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

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**Tiffany Charles**  
**P.O. Box 1456**  
**Norman, OK 73070-1456**  
**sms/14-0708-DIS/Cond Ord**

2. Article Number (Transfer from service label)

7001 0320 0004 4248 1084

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 AUG 12 2014  
 Legal Division

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes